

Retiree Drug Subsidy (RDS) Cost Report Certification Letter

Please type or print clearly.

I, _____, am the
(print your name)

(please check one)

☐

Authorized Representative

☐

Account Manager

for RDS Plan Sponsor Identification Number _____

(Please note that your Plan Sponsor Identification Number is NOT the same as your Employer Identification Number)

and Application Identification Number _____.

(Please note that your Application Identification Number is NOT the same as your Plan Sponsor Identification Number or Company EIN).

I acknowledge, as the Authorized Representative or Account Manager, that the costs submitted on the Cost Reporting Worksheet(s) are true, accurate, and complete to the best of my knowledge and belief, and I understand that, because subsidy payments will be made from Federal funds, any false statements, documents, or concealment of a material fact is subject to prosecution under any applicable Federal and/or State law.

AR or AM SIGNATURE

DATE